

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)1. TYPE(S) OF LICENSE(S) **DEC-7** FILE NO.To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licensee described as follows:

2. NAME(S) OF APPLICANT(S)

CARPENTER, Lucy V.

Applied under Sec. 24044 ☐
Effective Date: Issuance

RECEIPT NO.

GEOGRAPHICAL
CODE 5902Date
Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

Original License

\$300.00

42

Annual Fee

197.00

4. Name of Business
Ceronimos

5. Location of Business—Number and Street

15 North Sacramento Street

City and Zip Code
Lodi, 95240County
San Joaquin

TOTAL \$ 497.00

6. If Premises Licensed,
Show Type of License 427. Are Premises Inside
City Limits? Yes

(Temp) (Perm)

8. Mailing Address (if different from 5)—Number and Street
Same

9. Have you ever been convicted of a felony?

No

10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act? NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 12-4-87

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT
SIGN HERE*Lucy V. Carpenter***APPLICATION BY TRANSFEROR**

15. STATE OF CALIFORNIA

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

19. Location

Number and Street

City and Zip Code

County

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Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____

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12-4-87

☐ Renewal Fee of _____

Paid at _____

Office on _____

Receipt No. _____

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway San Joaquin
Sacramento, Calif. 95818 ~~XXXXXX~~
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

~~PARTISIO, XXXXX~~ Cathy

1. TYPE(S) OF LICENSE(S)

On Sale Beer & Wine
Eating Place

Applied under Sec. 24044 ☐

Effective Date: Issu.

FILE NO.

RECEIPT NO.
383053

GEOGRAPHICAL
CODE 3902

Date
Issued

Temp. Permit

T-53811

Effective Date: 1-1-83

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

Pers. Trf.

\$ 150.00

41

4. Name of Business

The Stuffery

5. Location of Business—Number and Street

550 S. Cherokee Lane, Suite J

City and Zip Code

Modi 95240

County

San Joaquin

TOTAL

\$ 150.00

41

6. If Premises Licensed,

Show Type of License 41-207534

7. Are Premises Inside

City Limits?

Yes

(Temp) (Perm)

8. Mailing Address (if different from 5)—Number and Street

Same

9. Have you ever been convicted of a felony?

No

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?

No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date Dec 16, 1987

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT

SIGN HERE

x Cathy L. Parisio

APPLICATION BY TRANSFEROR**15. STATE OF CALIFORNIA**

County of San Joaquin

Date 12-16-87

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

HARPER, DON

x Don Harper

41-207534

19. Location

Number and Street

City and Zip Code

County

Same #5

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Attached: ☒ Recorded notice,
☐ Fiduciary papers,

XX-280

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12-16-87

Renewal Fee of \$197.00 Paid at

Office on 12-16-87

Receipt No. 383053